V. S. No. 1 Ä

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	259
County Lucius Curry	Registration Dist. No. 252
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clara Ouquia	artit
(a) Residence: No. Wye Mills (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or disposed HUSBAND of (or) WIFE of Leven attack	22. I HEREBY CERTIFY, That I attended decessed from
6 DATE OF BIRTH (month, day end year) March 5-1851	I last sew h M elive on Low, / 6 ,19 3 deeth is sein
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Deys If LESS then	to heve occurred on the date stated above, et 2 P. m.
83 8 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
9 Trade profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked at this occupation (month end	
10. Date decessed lest worked at this occupation (month end yeer) 11. Total time (yeers) spent in this occupation	
	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Jollat Causing	the fame
H 13. NAME Henry allen	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Labort Country	What test confirmed diagnosis? Wes there en eu'opsy?
15. MAIDEN NAME Susan Vincent	23. If death was due to externel causes (VIDLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country) Mary land	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT William H attatt (Address) Wys mills Mid	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Wys Mulla Dete No. 14, 1934	Neture of injury.
19. UNDERTAKER Bacton Brown (Address) Centrolla Med	24. Was disease or injury in eny wey releted to occupation of deceased?
20. FILED NAV- 13 , 1934 Manie & Bright.	(Signed) M. (Address) M. (Address) M.
76 11 1 11 6 7	NO. L.C. P.L. P. G.C.N.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

Chicken | Chicken

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11539
1. PLACE OF DEATH	210-m
County Lucen Clinic	Registration Dist. No. 252
Village or City Mr. Wase Milly	No. St., Ward
H II	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Herbert adamson	1104 1018 III 0.0.1 01 1010181 MICH:
(a) Residence: No. Nr. 7 Willough fu	O1 Word
(a) Residence: No. 107. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 77 (Month) (Day) (Yeer)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
5. DATE OF BIRTH (month, dey, and year) als not know	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
about 35 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related ceusos of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Farm Caforen	Fruttone & shell of broken rich.
. Industry or business in which work was done, as SILK MILL,	Accident recovered as State Bood, near
SAW MILL, BANK, etc	Wye mills. a. Asser and County - maryland for B.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (coupation)	<i>d</i>
412 000 1	Other Contributary Causes of importance:
(State or country)	Struck and Billed by outowool be. Hit and
13. NAME (/ (/	The Police of a
14. BIRTHPLACE (city or town) (Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? Lo
15. MAIDEN NAME //	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? ————————————————————————————————————
7. INFORMANT Sheriff Elsuis anthony	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury George J, Hobby
Place Mulhbrurg. Dete Nov 19, 1924	Nature of Injury Acting Commen
9. UNDERTAKER B. P. Fillours (Address) Styl Frid ma	24. Was disease or injury In any way related to occupation of deceased?
10. FILED Mor. 19, 1934 Marie & Bright Registrar.	(Signed) W. Day Feder M. D. (Address) Partieville Ich
Contract Contract	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			. Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	I to the second	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	11.4-6-6-11	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 4 I	July 5,1927	Peritonitis	3 days ago	
	ş				
Other contributory causes of	f importance:	0.00	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Lucin Unne	Registration Dist. No. 254
Village or City Lucenstown	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where that he curred	Ods How long in U.S. if of foreign birth?
2. FULL NAME A CHILL SI	ellown
(a) Residence: No. dueenslown	St., Ward. (Outside)
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give fity or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	MW. 26 193 4
5a. If marriad, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) //- 26 - 39	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated abova, atm.
0 0 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	To the state of th
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Itall mu cufaut
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
O 10. Data deceased last worked at this occupation (month and year) spent in this occupation	
N. 1. 11. 12 68	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Culturulle 19 (Stata or country)	
13. NAME Uniform 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?_/
15. MAIDEN NAME CULL CELLER 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CHUYL CIPLLE R. F. Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manage of Indian.
Place Societtown Md Date Nov. 26 1934	Manner of Injury
2	Natura of injury
19. UNDERTAKER (Address)	24. Was disaase or injury In any way related to occupation of daceased?
5/ 50 00 1 31	If so, spacify
20. FILED NOV. 26, 19 34 - Selen M. Clehnda	(Signed) Many M.D. (Addrass) MULLIMATION M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	•		
The principal cause of death and related cause of importance were as follows:	ases Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—CERTIFICATE OF DEATH

CAUSE LION 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

BINDING

FOR

RESERVED

RGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury.

If so, specify (Signed) way retated to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Bunca - E.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	——— @
County Lucius Gun	Registration Dist. No. $23-1$
Village or City lekeslestorin Ou	St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs	os2 ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAMES analy Calkerine	Malles
(a) Residence: No. ar Chestestow (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HISRAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
Part 53 1911	11-1,1924,10/1-14,1904
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	i last saw h. elive on 1
87 1 22 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profassion, or particular kind of work done, as SPINNER. / fouse wife SAWYER, BOOKKEEPER, etc	Carcinorus Date ol onset
kind of work done, as SPINNER, fouse wife SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaasad last worked at 9 11. Total time (yaars)	of alamost
SAW MILL, BANK, etc. 11. Total time (vaars)	
10. Date decassal last worked at this occupation (month end 16/19 spent in this occupation cocupation occupation 50	<u> </u>
12. BIRTHPLACE (city or town) Luceon anne, (State or country)	Other Contributory Causes of Importance:
	7
13. NAME Same Same Same 14. BIRTHPLACE (city or town) Quality and	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Aural Was there an autopsy Ato
15. MAIDEN NAME Sarah C. Smith 16. BIRTHPLACE (city or town) Business C. Smith	23. If daath was due to axtarnal causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Date of injury, 19 Whera did injury occur?
17. INFORMANT John W Battie	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL THE TOTAL THE	Manner ol injury
Place Centerville Bata Nev. 16, 1939	Nature of Injury
19. UNDERTAKER J.M. H. G. S.	24. Was disease or injury in any way related to occupation of daceased?
20, FILEDUM - 15 1934 W. H. Grad	(Signed) P Coheland M. D
Registrar.	(Address) Chester town Incl.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example H The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Perilmitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

1. PLACE C County . Village or

2. FULL NA (a) Reside PERSO

5a. If married, wide HUSBAND of (or) WIFE of

6. DATE OF BIRTH

12. BIRTHPLACE (

13. NAME

14. BIRTHPLAC (State

15. MAIDEN N

16. BIRTHPLAC (Stata

17. INFORMANT ... (Addrass)

19. UNDERTAKER

(Address)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

V. S. No. 1

CTATE OF MADVI AND	CERTIFICATE OF REATH 11542
PLACE OF DEATH County Success Consider	CERTIFICATE OF DEATH Registration Dist. No. 252
Village or City me Centreville	NoSt., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?ds. St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200 - 7 - 193 4 (Month) (Day) (Year)
married, widowed, or divorced HUSBAND of (or) WIFE of Mary Walker Regading	22. I HEREBY CERTIFY, That I attended deceased from
TE OF BIRTH (month, day, and year) Oct 25 1884	I last saw h alive on
E Years Months Days If LESS than	to have occurred on the data stated above, atm,
50 - 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPINNER,	Forom history I would say Date of onset
Mayer, BOOKKEEPER, atc	In Dretor wow allel in lost
O. Date deceased last worked et this occupation (month and year) O. Date deceased last worked et spent in this occupation occupation	Standad Com Jal 1934 & Long Total Saw him; Other Contributory Causes of importance;
IRTHPLACE (city or town) (State or country)	
13. NAME Solomon Bendway	
(State or country)	Name of operation Date of What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Fannie Dreem	23. If daath was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Que Constant Const	Accidant, suicide, or homicide?
NFORMANT Mary H Berry (Addrass) 517 Central and Charles Fo	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
UNIAN ADDITION OF STREET	1

(Signed). (Address) Registrar. If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If se, specify

24. Was disease or injury In any way related to occupation of deceased?...

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal eause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 050			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	------	-----	---------	------------	----	-----------

1. PLACE OF DEATH	10
County Licen anne Co	Registration Dist. No. 252
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foroign birth? yrs. mes. ds.
2 FILL NAME Benjamin Cons	
0101 500	vag
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word)	21. DATE OF DEATH 27 193 (Year)
5a. If merried, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Nov 16 - 1912	I lest saw h. Malive on 2007, 193 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
22 // lday,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Islatured.
SAWYER, BOOKKEEPER, etc.	Lotar Primmer No
SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9-industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation month and 4-34 spent in this 7 year	·
(V)	Other Coutributory Causes of Importanco:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Charlie Johns	
13. NAME Charlie Johns 14. BIRTHPLACE (city or town) Sharptown (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Xillian Docheelds	23. If death was due to external couses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME XILIAN Proheelds 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) A elawase	Where did injury occur?
17. INFORMANT Lillian Conway (Address) Grasmoull Mid-	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place Salestury Date Nov 30 1934	Nature of Injury
But But	24. Was disease or injury In any way related to occupation of deceesed?
19. UNDERTAKER Automatical (Address)	If se, specify
loge Harrand La May !	(Signed) January Janes M. D.
20. FILED Jan 1930 De 197 Tame & Singlet	(Address) Aller Museum

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUBSEAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. N. B.-WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	942
County Juseu Cline	Registration Dist. No. 252
Village or City New Hape	NoSt.,War
/ /2	If death occurred in a hospital or institution, give its NAME instead of street and number)
2- 2	isds. How long in U.S. If of foreign birth?yrs,mos,d
2. FULL NAME Mary verdella	ook
(a) Residence: No. Usal place of thode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED,	21. DATE OF DEATH // /
Female White OR DVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced	(month) (vay) (real)
(or) WHE of long of 111 to Cook	22. I HEREBY CERTIFY, That I attended deceased from
0	19, 10, 10, 197
6. DATE OF BIRTH (month, day, and year)	I test saw h M elive on 192 %; deeth is sa
7. AGE Yeers Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
6/ 1/28 ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Hauseurfe SAWYER, BOOKKEPER, etc	
SAWTER, BOOKKEEPER, etc. 9, tndustry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this	
11. Total time (years) this occupetion (month end spent in this	
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Vagdene	
(State or country) Green Cleren W	William William
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Oate of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME Mes Peckerber	23. if death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mu Naward G. Caak	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL CREMATION OR REMOVAL	
Place Coutterile Dete Noo 16 19 34	Manner of injury
R L A	Nature of injury
	24. Was disease or injury in eny way related to occupation of deceased?
19. UNOERTAKER Saltace Sia	4
19. UNOERTAKER Sallace Sile (Address) Centreorete Md.	If so, specify
	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUMENT V &				
Other contributory causes of importance:	š	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-20 2 511
County Keely Cleve	Registration Dist. No. 254
Village or City Scrawcee	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s/7 ds. How long in U.S. if of foreign birth?yrsmos,ds
2. FULL NAME Minnie E. Curlet	4_
91	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SAX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(Or) WIFE OF Jahre Fr Courlett	22. HEREBY CERTIFY, bat I attended deceased from
2017	Llast saw h Or elive on Wor 8 1934 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 5 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Hauseurfe SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked/at this occuration (manth and by 1951).	Cerebral Remarkage
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and the second in this occupation occupation occupation)	,
See - mee	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	/ Vy to Nouse on
13. NAME Chrisen Chesser!	Orton or to long of
14. BIRTHPLACE (city or town)	Name of operation Dato of
(State or country),	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Matelda / 3 Ryace	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Matelda / 3 kyane 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
E (Stata or country)	Where did injury occur?
17. INFORMANT Caloric C. Parks (Address) 44433 Volta Pa Millio	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DO REMOVAL longing 2. 6.	Manner of injury
Place Olupreville Date Nov 10, 19 34	Nature of injury
19 UNDERTAKER (Barton Sur	24. Was disease or injury Ip-any way related to occupation of deceased?
(Address) Centrevelle - MA	If so, specify
20 FILED NOV. 10 1934 - Telen M. aldridg	(Signed) MACOL NY M. I
Focal Registrar.	(Address) cleveus file
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	uses Date of onset		
Arteriosclerosis E.E.	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUNGATI V					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11540
1. PLACE OF DEATH	(46)
County Jure Auce	Registration Dist. No. 25-/
Village or City news then by lower	Notest St., Ward
A STATE OF THE PARTY OF THE PAR	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Land Ban	24.
(a) Residence: No. ble o lestocos RD	St. Ward. many laced
(Usual place of abode)	If nonreident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH NOT 9 193
5a. If married, widowed, of divorced HUSBAND of	(Month) (Day) (Yaar)
(or) Wife of Cour Courson	22. I HEREBY CERTIFY that I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dept 30, 1869	I last saw h alive on _ NO 1 8 _ A 193 , death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at6_/m.
6 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date descent last worked at this occupation (month and specific this occupation).	(mes nosteras 1931
9. Industry or business in which work was done, as SILK MILL,	× / An
SAW MILL, BANK, atc 1D. Date deceased last worked at / 11. Total time (years)	7 7027
this occupation (month and spant in this year)	
1/12- 710	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME OU OLSON	1.
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of A
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah March	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TO THE TENTE OF	Accident, suicide, or homicide?
S (State or country)	Whera did injury occur?
17. INFORMANT (Address) Language (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place les les la Date Date 197 1 1954	Nature of Injury Noue
19. UNDERTAKER Will Down Stell the	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mer. 10, 19 8 4 7 4 . 900 d. Registrat.	(Signed) M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	i dipo.				
Other contributory causes of importance:			Other contributory causes of importance:	25007	
Gallstones		May 1,1923	Gastrocnteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Julew Unive	Registration Dist. No. 252
Village or City No Centreville	No. St., Ward
4/6	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Usual Place of alad	est., Ward.
(Usual place of Mode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. & H. Jester No Smith	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Thos 28 - 1867	I last saw h M alive on NOY 2/ 193 death is said
7. AGE Yaars Months Days If LESS than	to hava occurred on the date statad above, at
67 11 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or parlicular kind of work done, as SPINNER.	May Har
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, Jelley the Saw Mill, BANK, etc. 10. Date decaased last worked at this occupation (month and this occupation (month and second in this count in the count in this count in this count in the count in this count in the count in	Al Black
work was done, as SILK MILL, Jelliery the Joil	
11. That time (years) spant in this occupation (month and year)	2
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Dulaware	Chronic Marshhal
13. NAME Saucel Justice	- rightrely
13. NAME Sauce Justice 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Delaware	What test confirmed diagnosis? Was thara an aulopsy?
15. MAIDEN NAME Cure marris 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VtOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Dale of injury, 19
X (State or country) Delacoare	Where did injury occur?
17. INFORMANT Mr. G. J. Jester (Address) Centreview m. d.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Centreviere Date Nov 24, 1934	Manner of Injury
19. UNDERTAKER Barton Bra. (Addiess) Centremes m.	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED Nov. 24 1934 ITlamia & Bright.	(Signed) Carry Duck M. D.
If more blanks are needed, address State Registrar	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Land All All All All All All All All All Al				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDING

ARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Luce auce	Registration Dist. No. 253
Village or City Charles	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	nos,ds. How long in U. S. if of foreign birth?yrs,mosds.
2. FULL NAME alfred Seumy A	Cersey.
	St., Ward.
(a) Residence: No. (Usual place of about)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DESTRIBUTION (Day) (193 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Clefree Kersey	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Quy, 9-1869	I last saw h WW alive on W death is sale
AGE Years Months Days If LESS than	
65 3 11 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Trade, profession, or particular kind of work dona, as SPINNER, Custerway	77 1 1
kind of work dona, as SPINNER, Ousterwere SAWYER, BOOKKEEPER, etc.	I will regulation "
9. Industry or business In which work was done, as SILK MILL, Waterway SAW MILL, BANK, etc	
kind of work dona, as SPINNER, Cupturver SAWYER, BOOKKEPER, etc. Industry or business In which work was done, as SILK MILL, Waterway 10. Date deceased last worked at this occupation (month and year) Occupation	
Charter	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). (State or country)	10 Chamel Valentetul
13. NAME 101 7 F. Kerrey	Dr. Marila
13. NAME (LICE TY. PRIVATE CO. 14. BIRTHPLACE (city or town). Deep Co. (State or country)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Harristt Jackson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Harrett Jacobson 16. BIRTHPLACE (city or town) Chester (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs alfred Kearsey (Address) Chester ma	(Specify city or town, county and State) Specify whether injury eccurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Stevenswelle Date Nov 12, 19	Manner of injury
19. UNDERTAKER Bacton Bras (Address) Centromose mil	24. Was disease or injury in any way related to occupation of deceased?
10 FILED NOVIE 1934 F.C. Thomas	(Signed) M.
Registrar.	(Address) Parisher Religions Parisher T. S. No. 1

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1 1009		4
mug 1,1823	Charlet the	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	----------------	------------	----	-----------

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11549
1. PLACE OF DEATH	(23)
County Lucen Come	Registration Dist. No. 252
Village or City of cess Cense	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmga.	death occurred in a hospital of marianoni, give its 147/14/2, instead of street and number) ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Margaret Jums he	itteres.
	7 2000
(a) Residence: No. Offer (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or diverced	
(or) WIFE of George S. highture	22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to 10 27 1934
B DATE OF BIRTH (month day and year) Nov. 20 - 1857	72.00
8. DATE OF BIRTH (month, day, and year) / LO - / 8 3 / 1. AGE Years Months Days If LESS than	to have occurred on the date stated above, at//20 Am.
777 7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, House well	Pulyman holadinin 19242
The test control on the control of the test co	1 mining / a voca vie
S Industry or Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
iD. Date deceased last worked at this occupation (month and yaar)	
0.14+1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	7/1/15
13, NAME Charles Medhand Jump	publiculous Inthibus 1933
20046	
(State or country)	Name of operation Date of
15. MAIDEN NAME MARIA MORGAN	What test confirmed diagnosis?
2114	23. If death was due to external causes (VIDLENCE) fill in also the following: Accidant, suicide, or homicide?
2 16. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	Where did injury occur?
17. INFORMANT LU Edward Button (Address) Custieville Mile	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Helle Karo MA Date Not 30, 1934	Nature of Injury
19. UNDERTAKER Barton Brown (Address) Caralagorable Md.	24. Was disease or injury In any way related to occupation of deceased? NO
20. FILED DV. 30, 1934 Mamis & Bright	(Signed) Stauthurth, M.D.
Local Registrar.	(Address) Abritan Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i i	Example II	
The principal cause of d of importance were as fo Arteriosclerosis	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 2 1909	July 5,1927	Peritonitis	3 days ago
	BUNNEY.	3		
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

	County Fallen Un	win	2	
	County		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	41 . T.	- 1		
Vil	illage or City Delle	5	(No	- Condition
		1		1/1
_	² FULL NAME	es	1921	<u></u>
	PERSONAL AND STATE	STICA	L PARTICL	JLARS
3 9	SEX 4 COLOR OR RA	M	ARRIED UBOWED R DIVORCED Vrite the word	
6 1	DATE OF BIRTH	1 -		
	1 Uses		22	186
	(Mo	nth)	(Day)	(Year
7 /	AGE			IIf LESS th
	10		2	l day h
1	6 9 yrs.	mos.	ds.	or mi
2				
((a) Trade, profession or	1	Mes	
7 ((a) Trade, profession or particular kind of work	ai	me	
7 b	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	á	me	
7 b	(a) Trade, profession or particular kind of work (b) General nature of industry	Tu	me	
7 b	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Tai	me	
7 b	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Tan Pen	me	~
) (dd / dd	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Tan Pour	me	7
2 P P P P P P P P P P P P P P P P P P P	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	Tens You	me uso	
ENTS	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Jeus Pour	me uso	
ARENTS 6	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Per	me De	
RENTS 6	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Per	me Le	
ARENTS 6	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WAAM	Per	me Le	

STATE OF MARYLAND CERTIFICATE OF DEATH

(108)

20 UNDERTAKER

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

	Registr	ation D	ist. No.2	70
Caller	St.:	Ward)	a hospital	occurred in or institu- ts NAME in- street and
MEDICAL O	CERTIFIC	ATE O	F DEATH	
16 DATE OF DEATH	The	~	1	1939
that I last saw h	TIFY, The	at I atte	nded the de	(Year) ceased from , 1924
and that death occurred of the CAUSE OF DEATH *	was as Ball	OWEL	Duly	•
Contributory Secondary	Duration (Duration	"Fa	June Telfa	dsds,
*State the Disease Violent Causes, state Accidental, Suicidal or Ho	Causing (1) Means	Death, of Inju	or, in dea	ths from Whether
IB LENGTH OF RESIDE ients or Recent Residen At place of death yrsmos Where was disease contracted if not at place of death?	its) ds.	In the State	3 yrs.	ions, Trans- mosds.
19 PLACE OF BURIAL OR	REMOVAL	60	DATE OF	BURIAL 1934

ADDRESS

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



10 ds. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL perilomilis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhanction," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY diseases can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: A ccidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Atrophy." "Collapse." "Conna," "Convulsions, Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF WAR	I LAND-C	CERTIFICATE	OF DEATH	
1. PLACE OF DEATH		(10)		
County Leen Chrise			Registration Dist. N	0. 254
Village or City Mr. Queenston	www (If d	NoNo coursed in a hospital or institu	ution, give its NAME instead	St., Ward
Length of residence in city or town where death occurred	6 yr mos.	Sds. How long in U.S. if	of foreign birth? y	rs
2. FULL NAME 6 ligabeth	Thyan	11		who
(a) Residence: No. Juleus (Usual place	of abode	St., Wald. out	If nonresident give city	1
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL C	ERTIFICATE OF	DEATH
Tanada OR DIVORCI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Mov.	9-, 1934 (Year) 3178
5a. If married, widowed or divorced HUSBAND of				
(or) WIFE of Joshua Thya	nes	22. NA HEBY	Y CERTIFY. The	at 1 attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Mar Col	1-1868	I last saw h & alive on	un ga	1934; death is sald
7. AGE Years Months Days	If LESS than	to have occurred on the dete state	ed above, at J. 30 m	
66 8 8	I day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of im-	portance 13
8. Trade, profession, or particular kind of work done, as SPINNER,	./	A.	D	Date of officer
SAWYER, BOOKKEEPER, etc.	refe	Labor V	reamone	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc Volume of the second of the				
	time (years) ent in this supation 50			
	0	Other Contributory Canses of imp	ortance:	
(State or country)	me co	Ofinte	Conlites	11das.
		Cuon		1
13. NAME Susil Griffe 14. BIRTHPLACE (city or town). Sugles of Charles	une Co	Name of operation		Date of
(Stelle of country)		Whet test confirmed diagnosis?		Was there an autopsy?no
15. MAIDEN NAME Acutaette	Meduay	23. If death wes due to externel ce	uses (VIOLENCE) fill in else	the following:
5 16. BIRTHPLACE (city or town). Success C	une Ch	Accident, suicide, or homicide?	Date of	injury, 19
(State or country)	-	Where did Injury occur?	(S161	10
17. INFORMANT Theat Thya (Address) Luden Anna	MEX TO	Specify whether injury eccurred 1	(Specify city or town, c In INDUSTRY, In HOME, or I	In PUBLIC PLACE.
18. BURIAL, CREMANION, OR REMOVAL	/	Manner of injury		
Place Ut Home Date //	U.11-1934	Nature of injury		
19. UNDERTAKER 13-17-Fellowy	,	24. Was disease or injury in eny v	way related to occupation of	deceased? no
(Address) Still Poud	mg.	If se, specify	1/10 Y	2
20 FILED NOV. 9 1934 - Helen M.C	Udnage	(Signed)	any ()	ys. M. D.
	TE O Registral.	(Address)	Queller	laeder,

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-

NFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified.

þe pe

AGE should

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY, WITH

N. B.

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of deat of importance were as follow <i>Arteriosclerosis</i>	h and related eauses	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis		1921	Run over by street ear	1 weck ago	
Cerebral hemorrhage	0_0	July 5,1927	Peritonitis	3 days ago	
1	RELIAMINE A	5			
Other contributory causes of	of importance:	No. ray	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

V. S. No. 1

ECORD. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA-	
S IS A PERMANENT R	stated EXACTLY.	properly classified. E	certificate.
-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Queen aunc	Registration Dist. No. 254
Village or City Queenslagen	No. St., Ward
17 (0	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrsmos.	How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Waller (Wilmor	
(a) Residence: No. Lucenstown	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
ha d OR DIVORCED (write the word)	21. DATE OF BEATH NOV. 16 an 193 4
Mall Cal Marriel	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Burlie / Lawfrus Wilmone	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 12 1872	Tlast saw h un alive on Nov 10 197 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.30 m.
62 6 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fallows:
1 9 Trade profession or particular	Ciriloral / Carecurleage Date of onest
kind of work done, as SPINNER, Vellery home wan. SAWYER, BDDKKEEPER, etc.	
kind of work done, as SPINNER, Alway trong man. SAWYER, BDDKKEEPER, etc. JIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at do lot 11. Total time (years) always this preparation (month and spent in this council or month and spent in the council or month and spent in the council or month and spent in the council or month and spent in	
SAW MILL, BANK, etc	
11. Total time (years) spent in this occupation (month and year)	
) · Occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Vilasian Myllins
13. NAME Wallaum Walmon	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy? 11.0
15. MAIDEN NAME Chi Zabulla Sulfano	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Mosel Arelin Ballionni - MA-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION OR REMOVAL DE TO THE TOTAL OF THE T	Manner of injury
Place entrevelendo ate 160.18, 1934	Nature of injury
19. UNDERTAKER OB. R. Fellows	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Still Pond ma.	If so, specify
20. FILED Nov. 17, 1934. Helen M. aedid	(Signed) July M.D.
Registrar.	(Address)

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.1 The trade, profession, or particular kind of work done. The industry or business in which the work was done.

16.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer. mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1-1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
11		A L	
May1,1928	Other contributory causes of importance: Gastroenteritis	1 year	
	, s 3	4	
	•		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Atlack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1928 Gastroenteritis	